

West Sussex County Council

EDUCATION COMMITTEE



REPORT

OF THE

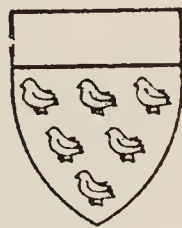
SCHOOL MEDICAL OFFICER

FOR THE YEAR ENDED

31st DECEMBER, 1953

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WEST SUSSEX COUNTY COUNCIL

Annual Report of the Principal School Medical Officer for the year 1953

To the Chairman and Members of the Primary Education and Special Services Sub-Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I herewith submit my report on the work of the School Health Service for the year 1953.

The School Health Service and Handicapped Pupils Regulations 1953, came into operation on the 4th August, 1953, and replaced the 1945 Regulations. The principal alterations deal with medical and dental inspection and the definitions of categories of handicapped pupils.

The chief event in the year was the taking over, as from the 1st April, of the Crawley New Town, including the Three Bridges area from East Sussex. Whereas before the development of the New Town the number on roll at the schools was between 600 and 700, by December, 1953, a number of new schools had been completed, and the number on roll was over 2,700.

In previous reports I have mentioned our unsuccessful efforts to get the co-operation of the hospitals in supplying us with information. There is still no change in the position, only two hospitals gave information as routine. I would stress the fact, however, that I have always received the fullest information on particular cases, on request.

It is with deep regret I have to record the death of Dr. J. W. Dew, of Horsham, in December, 1953. Dr. Dew, a General Practitioner, was appointed, on a case basis, in 1920, to undertake the refraction work at Horsham Clinic. I am deeply appreciative of the work done by Dr. Dew during his 33 years work at the Clinic.

The campaign for the immunisation of children against diphtheria continued throughout the year, the field work being mainly carried out by the School Medical Officers. As mentioned in the body of the report the Ministry of Health introduced a new annual return for diphtheria immunisation for the year 1953. The return is based on the fact that it has been generally agreed that because individual immunity tends to wane with the passage of time an assessment of the percentage of children protected must take into account the age of the child and

the ages at which inoculations were received. For the sake of simplicity the Ministry ignored the distinction between primary and boosting inoculation. The new return (see page 7) will facilitate the calculation of the proportion of children in any age group who have had a course of immunisation within the last five years. Whilst this is not a precise measure, it does provide a straightforward index of the immunity to diphtheria in a local population. In interpreting the index, it must be borne in mind that of all the children under one at the end of the year only a third will have attained the age of 8 months (when immunisations are usually commenced) so that the maximum index could only be 33%.

Detailed statistical information as to the work carried out is contained in the Ministry of Education's Tables I—V which are appended.

The report of the Organisers of Physical Education is appended. The Ministry of Education requires the report to be included in my report.

My thanks are due to all members of the Committee, Teaching Staffs of Schools, Medical, Dental and Nursing Staffs, and all those who have taken part in one way or another in our schemes, for the co-operation and support given me during 1953. Also to the General Medical Practitioners and the various Hospital Staffs for their help and co-operation. My thanks are also due to the members of the School Health Service Department for their loyal and whole-hearted help.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. S. BRADSHAW,

Principal School Medical Officer.

WEST SUSSEX COUNTY COUNCIL

School Health Service — 1953

GENERAL

The County, which is roughly 30 miles long (east to west) and 20 miles wide, has an area of 620 square miles. The estimated population mid-1953 was 327,340, of whom 21,600 were under 5 years of age, and 48,900 were aged 5 to 14 years.

SCHOOLS

Including the Borough of Worthing, there were, in 1953, 202 schools in the County, of these 4 were nursery, 165 primary, 3 technical, 21 secondary modern, 8 secondary grammar and 1 special school. The average number on roll was 41,737.

STAFF

There were various changes on the staff during the year. Dr. H. M. James resigned his appointment as Psychiatrist at the Horsham Child Guidance Clinic in November. As previously mentioned, Dr. Dew died in December and Dr. A. K. Pittman took over at the Horsham Eye Clinic. Mr. J. Hampton resigned his appointment as School Dental Officer in March and Mr. J. P. MacGregor was appointed in May to fill the vacancy. Mr. J. S. Price resigned his appointment as School Dental Officer in April and Miss B. M. Bell was appointed to fill the vacancy. Mrs. Swaine resigned her appointment as Dental Attendant in May and Miss J. M. Collison was appointed in June to fill the vacancy. Mrs. Neurath resigned her appointment as Child Therapist at the Horsham Clinic in September, when Miss A. Bene took over the work. Miss Chamberlain resigned her appointment as Psychiatric Social Worker in September and Mr. D. Drucker was appointed in December to fill the vacancy.

CO-ORDINATION WITH OTHER HEALTH SERVICES

As mentioned in previous reports, there is close co-ordination with the County Health Committee in such matters as orthopaedic treatment, treatment of diseases of the ear, nose and throat, examination of defective vision, orthoptic treatment for squint, and speech therapy for children under school age. Also, in eight instances the same buildings are used in common as clinic premises. Further, home supervision is simplified by the fact that the same Nurse acts as Health Visitor and School Nurse.

Records of all children, when they reach school age, are transferred to the School Health Service Department.

SCHOOL HYGIENE

During the year representations were made to the Director of Education in respect of defects relating to heating (5), lighting (2), lavatory accommodation (8), sanitation (5), washing facilities (11). The Borough School Medical Officer, Worthing, made representations to the Borough Education Officer in respect of defects relating to sanitation (2), washing facilities (1) and playgrounds (1).

MEDICAL INSPECTION

Under the Regulations a minimum of three routine medical inspections is prescribed to take place at the Authority's discretion. The Authority may also arrange additional routine medical inspections, and in West Sussex a child is examined four times in his school life, viz, as an entrant (5-7 years), at 8, 11 and 14 years of age. Also children remaining at a Secondary Grammar School until a later age have an additional inspection, or if they are there until the age of 18, two additional inspections. With a few exceptions, the same Medical Officer inspects the same schools, each year.

As far as possible two visits were paid in the year to each school to complete the routine inspections, the examination of special cases and the re-examination of pupils previously found or suspected to have some disease or defect.

Owing to overcrowding it has become increasingly necessary to use premises other than schools for medical inspections.

In Tables I (a) and I (b) (page 19) are given the number of routine medical examinations in the various age groups, the special examinations and re-examinations. The examination of handicapped pupils is not included in these figures. Table I (c) shows the number of pupils found at the periodic medical inspection to require treatment; the percentage of pupils requiring treatment being 9.4 compared with 9.7 in 1952, 10.5 in 1951, 12.5 in 1950 and 13.3 in 1949.

With reference to Table II (b) (page 21) it will be seen that the general condition of 46.25% of the pupils examined was "Good", 52.12% "Fair", and 1.63% "Poor". The Table below gives the percentages for years 1947, 1948, 1949, 1950, 1951, 1952 and 1953. Up to two years ago I had stated that it would be unwise to attach too great a significance to the figures quoted but the figures given below show that the definite upward trend in the general condition of the pupils continues.

Year	(A) (Good)	(B) (Fair)	(C) (Poor)
1947	19.87	68.73	11.40
1948	21.60	69.15	9.24
1949	24.13	68.69	7.17
1950	27.54	67.81	4.65
1951	35.33	61.42	3.24
1952	41.83	55.34	2.82
1953	46.25	52.12	1.63

INFECTIOUS DISEASES

(a) Infantile Paralysis

During the year 35 cases among school children were notified. All were admitted to either Isolation Hospitals or General Hospitals, six being subsequently transferred to Orthopaedic Hospitals. Also a number of cases were referred, on discharge from hospital, to our orthopaedic clinics or the out-patient department of the local hospital. Of the 35 cases, six were of the non-paralytic type. Among the paralytic cases, there were, I regret to report, four deaths. Of the remainder, three were still in hospital at the end of the year, fourteen made a complete recovery, three had slight residual paralysis, three had some weakness of one or both of the lower limbs, one had weakness of the neck and abdomen and one had some paralysis of both arms and shoulders.

(b) General

No schools were closed on account of infectious disease and though there were a number of outbreaks at various schools few were of a serious nature. Measles accounted for 11 outbreaks, measles associated with either german measles, chickenpox, scarlet fever, whooping cough 11, chickenpox or chickenpox associated with either german measles or scarlet fever 5, whooping cough 2, whooping cough and influenza 1, german measles 1.

DIPHTHERIA

During 1953 a total of 3,134 children were immunised against diphtheria; of these 2,799 were under school age. In addition, 2,986 received a third or "boosting" dose. As mentioned in the introduction, the Ministry of Health introduced a new return (see below) which shows that 47,081 children still under 15 years of age had been immunised against diphtheria, of these 10,165 were under the age of 5 years.

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of Children at 31st December, 1953, who had completed a course of Immunisation at any time before that date.

Age at 31.12.53 i.e. born in year ...	Under 1 1953	1—4 1953—1949	5—9 1948—1944	10—14 1943—1939	Under 15 Total
Last complete course of injections (primary or booster)					
A. 1949—1953 ...	105	10060	13471	4999	28635
B. 1948 or earlier ...	—	—	5966	12480	18446
C. Est. mid-year child population ...	4250	17350	48900		70500
Immunity index 100A/C ...	2.47	57.98	37.69		40.62

MEDICAL TREATMENT

Minor Ailments

The following Table shows the Clinics held and the number of children attending thereat:—

Clinic	No. of children treated	No. of attendances
Bognor Regis	360	2308
Chichester	271	1059
Crawley	22	43
Horsham	101	372
Lancing	24	75
Littlehampton	279	1380
Selsey	4	8
Shoreham	66	178
Worthing	714	3047
TOTAL ...	1841	8470

These figures of 1,841 and 8,470 compare with 2,487 children who made 9,981 attendances in 1952. It will be appreciated that in addition a large number of children were treated at home and in the schools by the Nurses. Also some 498 cases were treated by the resident nurse at Wedges Camp School. For further information as to defects treated, Table IV, Groups I and VII (pages 22 & 23) should be consulted.

Diseases and Defects of the Ear, Nose and Throat

With reference to Table IV, Group 3 (page 23), it will be noted that 145 children received operative treatment compared with 158 in 1952 and 276 in 1951. Of the 145 cases, 130 were in respect of adenoids and chronic tonsillitis, a slight decrease compared with the previous year. It should be mentioned that no child is referred for operative treatment, unless absolutely necessary, the emphasis being on conservative treatment. The majority of cases have been kept under observation for a period before being referred for operative treatment.

In regard to diseases of the ear, it will be noted from the following table that during 1953, 24 Clinics were held at Chichester or Worthing. No sessional clinics were held at the Brighton (Sussex Throat and Ear) Hospital, Horsham Hospital or Worthing Hospital. Individual appointments were made for children to be seen at these three hospitals.

Clinic	Sessions held	No. of Cases seen			Total Attendances	No. Discharged
		New	Old	Total		
Brighton	—	7(—)	2(—)	9(—)	9(—)	2(—)
Chichester	12	84(7)	27(1)	111(8)	125(8)	19(3)
Horsham	—	20(1)	4(—)	24(1)	26(1)	2(—)
Worthing	12	72(35)	31(5)	103(40)	163(58)	12(5)
Worthing Hospital } Hospital }	—	12(1)	2(—)	14(1)	14(1)	1(—)
TOTAL	24	195(44)	66(6)	261(50)	337(68)	36(8)

(Figures in brackets refer to children under school age and are included in the totals)

Defective Vision and Squint

The examination of eye cases is carried out at 11 centres, those at Bognor Regis, Chichester, Lancing, Shoreham and Worthing Clinics being carried out under arrangements with the Regional Hospital Board. The only change in the specialists employed is that as previously mentioned, Dr. Pittman took over the Horsham Clinic.

In Table IV, Group 2 (page 22), it will be seen that 2,765 cases were examined in 1953. This compares with 2,694 in 1952. Twenty-nine cases were recommended and received operative treatment for squint.

Orthoptic treatment was continued at the Chichester, Horsham and Worthing Clinics. During the year 415 school children received treatment from the Orthoptists. In addition, a number of children under school age also received treatment. During treatment by the Orthoptist the case remains under the supervision of the Ophthalmic Surgeon, who accepts full responsibility for the case during the whole of its orthoptic treatment.

Supply of Spectacles

During the year 1,546 children had spectacles prescribed and of these 1,418 had been obtained by the 31st December, 1953.

Crippling Defects and Orthopaedics

The following tables show the number of Clinics held, the number of cases and the conditions seen by Mr. Cholmeley, Orthopaedic Surgeon.

From the following table it will be seen that during the year 49 clinic sessions were held at which 523 children, including 146 under school age, made 854 attendances.

It will be noted that one Clinic was held at Crawley. This was to deal with the cases from the East Sussex schools transferred to West Sussex on taking over the Crawley New Town area. Further clinics will be held at Crawley as numbers warrant. Also, in September, in view of the numbers in the Littlehampton area, arrangements were made to hold a clinic at the Health Centre there.

Clinic	No. of Sessions	No. of Cases seen			Total Attendances
		New	Old	Total	
Chichester	20	69(30)	140(28)	209(58)	358(115)
Crawley	1	24(3)	—	24(3)	24(3)
Horsham	7	43(14)	68(16)	111(30)	156(42)
Lancing	10	20(8)	62(14)	82(22)	136(39)
Littlehampton	2	8(2)	*32(8)	*40(10)	40(10)
Worthing	9	28(14)	56(16)	84(30)	140(48)
TOTAL	49	192(71)	358(82)	550(153)	854(257)

(Figures in brackets refer to children under school age, and are included in the figures)

*Includes 27(7) children previously seen at Chichester Clinic.

The following table shows the types of cases seen by the Orthopaedic Surgeon during the year. The numbers include children under school age—shown in brackets.

Diagnosis	No. of		Total
	Boys	Girls	
Congenital Defects—			
Club Foot	15(7)	7(4)	22(11)
Dislocation of Hip	2(—)	11(—)	13(—)
Spastic Paralysis	14(3)	22(7)	36(10)
Spina Bifida	5(1)	6(—)	11(1)
Other Conditions	44(22)	54(20)	98(42)
Birth Injuries—			
Torticollis	2(—)	3(1)	5(1)
Other Conditions	—	1(1)	1(1)
Rickety Deformities—			
Bow Legs	5(3)	6(6)	11(9)
Knock Knees	9(5)	1(1)	10(6)
Other	1(—)	1(1)	2(1)
Knock Knees (Non-Rickety)	24(17)	17(7)	41(24)
Postural Defects of the Spine	8(2)	13(1)	21(3)
Structural Curvature of the Spine	6(—)	6(—)	12(—)
Flat Feet, etc.	55(10)	44(4)	99(14)
Infantile Paralysis	30(7)	31(4)	61(11)
Friedreich's Ataxia	1(—)	—	1(—)
Fractures	5(—)	5(1)	10(1)
Tuberculous Joints	1(—)	3(—)	4(—)
Other Bone Diseases (Non-Tubercular)—			
Perthe's Disease	4(1)	1(—)	5(1)
Schlatter's Disease	2(—)	—	2(—)
Apophysitis of the Os Calcis, etc.	1(—)	1(—)	2(—)
Osteochondritis	6(2)	4(—)	10(2)
Osteomyelitis	3(—)	1(—)	4(—)
Pseudo-Hypertrophic Muscular Dystrophy	4(—)	—	4(—)
Other Conditions	27(5)	29(7)	56(12)
TOTAL	274(88)	267(65)	541(153)

Four cases were receiving in-patient treatment at the Royal National Orthopaedic Hospital, Stanmore, at the beginning of the year, 28 cases were admitted or re-admitted to the Royal National Orthopaedic Hospital and 31 cases were discharged during the year, leaving one case still receiving in-patient treatment at the end of the year.

In addition two children under school age were receiving in-patient treatment at the Royal National Orthopaedic Hospital at the beginning of the year, 10 cases were admitted or re-admitted and 9 were discharged during the year, leaving three cases still receiving in-patient treatment at the end of the year.

During the year, special boots and appliances were supplied under our scheme, through the National Health Service, to 121 cases, including 29 children under school age.

One hundred and five cases were X-rayed during the year, including 14 children under school age.

The following table is a summary of the cases treated by the Physiotherapists, who hold clinics at the various health centres, and visit children in their homes, when necessary.

No. of Cases Treated			Total Attendances
Old	New	Total	
328(97)	421(198)	749(245)	4922(1543)

(Figures in brackets refer to children under school age. and are included in the total figures)

Miss Maynard, the Physiotherapist for the east and north eastern half of the County, regularly visits Wedges Camp School for the purpose of supervising and giving instructions in exercises for special cases, including asthma.

Scabies

Two cases of scabies were reported during the year. In 1952 there were also only two cases.

Child Guidance Clinics

During the year 344 cases were referred to the Child Guidance Clinics for investigation and 63 were awaiting investigation at the beginning of the year, having been referred in 1952.

Fifty-eight cases were withdrawn before investigation and 282 were fully investigated, leaving 67 awaiting investigation at 31st December, 1953. Of the 282 fully investigated 245 were found to be maladjusted. A total of 136 cases were treated during the year.

The following table gives an analysis of the method of referral, results of investigation, numbers treated, and results of treatment, etc.

	Attending School	Not Attending School		Total
		Under 5	Over 5	
Methods of Referral—				
Referred through County and School Medical Officer	159	10	3	172
Referred by Courts and Probation Officers	16	—	6	22
Parents and others	56	5	3	64
Hospitals	11	3	—	14
Social Agencies	2	1	2	5
Private Doctors	38	10	2	50
Private Schools	4	—	—	4
Residential Hostels and Schools ...	1	—	—	1
Other Child Guidance Clinics ...	4	—	—	4
Brought forward from previous year (awaiting investigation on Jan. 1st)	51	7	5	63
TOTAL	347	36	24	407
Results of Investigation—				
Fully investigated during year and found to be:—				
Maladjusted	211	17	17	245
Ineducable	2	3	—	5
Educationally sub-normal ...	21	1	6	28
Normal	3	1	—	4
Awaiting investigation at Dec. 31st	62	5	—	67
Withdrawn before investigation ...	48	9	1	58
TOTAL	347	36	24	407
No Treatment Recommended—				
(Diagnostic Cases)	119	9	7	135
Cases Recommended for Treatment—				
Under treatment on January 1st ...	59	11	3	73
Fully investigated 1952, but treatment not commenced until 1953 ...	19	3	—	22
Recommended for treatment during year and treatment commenced ...	32	3	6	41
Recommended for treatment but treat- ment not commenced at Dec. 31st	38	3	2	43
Treatment recommended but sub- sequently not required	7	—	—	7
Treatment recommended but not carried out for reasons unconnected with the Clinic	15	2	2	19
Results of Treatment—				
Treated during year and closed satis- factory	32	3	2	37
Treated but closed unsatisfactory ...	8	—	2	10
Closed inconclusive	25	7	2	34
Still under treatment at Dec. 31st	45	7	3	55
TOTAL	110	17	9	136

	Attending School	Not Attending School		Total
		Under 5	Over 5	
Recommendations as to Special Schools and Hostels—				
Maladjusted children recommended during year for:—				
Special Schools for Maladjusted	14	—	1	15
Boarding Schools	—	—	—	—
Boarding Homes	8	—	—	8
Foster Homes	2	—	—	2
Hostels for Maladjusted ...	2	—	—	2
Attendances and Visits—				
Total No. of clinic attendances made during year	3546	325	249	4120
Total No. of domiciliary visits made during year	81	14	5	100
School Consultations	—	—	—	846

HANDICAPPED PUPILS

As mentioned in the introduction, the regulations governing the classification of handicapped pupils were revised. The category of partially deaf pupils has been clarified. Diabetic children requiring special educational treatment are now classified under the category “delicate”, while the categories “physically handicapped” and “epileptic” include all children recommended under these headings for special educational treatment in an ordinary school, instead of only those requiring admission to a special school.

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

The following table is from the Return Form 21M submitted to the Ministry of Education at the end of the year and shows the position in regard to handicapped pupils requiring education at Special Schools or boarding in Boarding Homes:—

	(1) Blind (2) Part-ially sighted		(3) Deaf (4) Part-ially Deaf		(5) Delicate (6) Physi-cally Handi-capped		(7) Educa-tionally sub-normal (8) Mal-adjusted		(9) Epi-leptic	Total 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st Dec., 1953:—										
A. Handicapped Pupils newly placed in Special Schools or Homes	2	2	3	—	20	2	17	9	3	58
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	1	7	4	1	19	4	62	18	2	118

Number of children reported during the year:

- (a) under Section 57(3) (excluding any returned under (b)) 10
(b) under Section 57(3) relying on Section 57(4) —
(c) under Section 57(5) 26
of the Education Act, 1944.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES—*contd.*

	(1) Blind (2) Part- ially sighted		(3) Deaf (4) Part- ially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about Dec. 1st:										
c. Number of Handi- capped Pupils from the area—										
(i) attending Special Schools as										
(a) Day Pupils ...	—	—	—	—	—	—	2	—	—	2
(b) Boarding Pupils	10	16	15	6	12	9	96	2	5	171
(ii) attending in- dependent schools under arrange- ments made by the Authority ...	—	—	9	2	3	1	3	22	—	40
(iii) Boarded in homes not already included under (i) and (ii) ...	—	—	—	—	—	3	—	16	—	19
TOTAL (c) ...	10	16	24	8	15	13	101	40	5	232
D. Number of Handi- capped Pupils being educated under arrangements made under Section 56 of the Education Act. 1944—										
(a) in hospitals ...	—	—	—	—	—	—	—	—	—	—
(b) elsewhere ...	—	—	—	—	—	13	—	—	—	13
E. Number of Handi- capped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiv- ing home tuition) .	1	8	5	3	—	7	173	9	—	206

Cooper's Special School

As mentioned in my last report, this School was opened in May 1952, to accommodate 120 educationally subnormal children requiring education in a residential special school. Arrangements were made with the Essex County Council for a number of vacancies to be reserved for their children. During the year 25 cases were admitted and 8 cases were discharged. All children are medically examined by the School Medical Officer on admission and thereafter annually. The Medical

Officer also visits the School fortnightly, and the children are all on the “panel” of one of the local General Practitioners, under the National Health Service Act.

Speech Therapy

Regular Speech Therapy Clinics were held at Bognor Regis, Chichester, Horsham, and Worthing Health Centres for children suffering from speech defects. Due to the small numbers in the Shoreham area any cases from this district were treated at the Worthing Clinic. In addition, regular sessions were held in Midhurst, mainly at the Midhurst Secondary Modern School. All cases referred to the Speech Clinics are assessed by the Speech Therapist, to decide any necessary treatment and the urgency of the case. The following table shows the number of clinics held, cases treated, etc., and the attendances at the various clinics.

Clinic	No. of Sessions	No. of Children Treated			Total Attendances
		New	Old	Total	
Bognor Regis ...	73	9	5	14	156
Chichester ...	94	6	10	16	231
Horsham ...	86	14	7(1)	21(1)	321
Midhurst ...	73	8(2)	7	15(2)	232
Worthing ...	95	21(7)	25(3)	46(10)	293(26)
TOTAL ...	421	58(9)	54(4)	112(13)	1233(26)

(Figures in brackets refer to children under school age and are included in the totals)

In addition to her regular Clinics the Speech Therapist also held one session at Littlehampton for the preliminary interviews.

Mass Radiography

No Mass Radiography Unit visited the County during the year.

Medical Examination of Candidates for Admission to Training Colleges, etc.

As a result of the revised procedure in 1952

- (a) All candidates for admission to Training Colleges, etc., are required to undergo an examination by the School Medical Officer of the area in which they are resident.
- (b) Entrants to the teaching profession, other than those who have completed an approved course of training, are to be examined by the School Medical Officer of the Local Education Authority by whom they are appointed.

During the year a total of 73 candidates for admission to Training Colleges and 15 entrants to the teaching profession were examined by the Medical Staff of the School Health Service.

Nutrition Cases

Nutrition Clinics continue to be held periodically at the Health Centres in the County. In addition the Medical Officers at each visit to the country schools review all cases classified as of sub-normal nutrition. During 1953 a total of 971 individual children were examined, the attendances totalling 2,129. This compares with 1,653, making 3,062 attendances in 1952, and 1,879 making 4,109 attendances in 1951.

The School Medical Officers have not found it necessary to prescribe vitamin supplements so frequently of late years. This may, of course, be partly due to a change in attitude of Medical Officers to the necessity of prescribing vitamins as well as to the improved nutrition of children. During the summer months, as one would expect, the prescribing of vitamins drops to a minimum.

Mid-day Meals in Schools

By the end of 1953 there were in operation in the County three Central Kitchens and 124 School Canteens. No school was without a school meals service.

Children and Young Persons Act, 1933

184 cases were examined during the year, the majority being dealt with under Section 35 which requires a medical report in all cases to be brought before the Juvenile Court. In addition 19 children were examined under Section 52 in connection with their appearances in public entertainments.

Wedges Camp School, Itchingfield

This Camp which, by arrangement with the National Camps Corporation, was established in 1946 for children who needed "building up" in health, is and has been of great benefit to the children. Children, on recommendation of the School Medical Officers, are admitted for a term and may have a further term on the recommendation of the Medical Officer. In future the normal period will be two terms.

During the year 498 cases were treated by the resident nurse, the majority being minor injuries, sores, etc. 119 cases were admitted to the sick ward during the year.

Provision of Milk for School Children

One-third pint of milk under the Milk in Schools Scheme is provided free of charge to all pupils attending school. Efforts continue to be made to supply Tuberculin Tested or Pasteurised Milk to every school and to obtain the milk in third-pint bottles. At the end of 1953 all the 202 schools were being supplied with Tuberculin Tested or Pasteurised milk.

School Nurses

The arrangements remain the same as in previous years. The School Nurses attend and assist at Medical Inspections, Clinics and Diphtheria Immunisation sessions, in addition to following up children at home and making special visits to schools.

Infestation by Lice

On referring to Table III (page 21) it will be seen that a total of 91,900 examinations in schools were made by the School Nurses. Of the total number of individual children inspected 335 had nits or vermin in their hair. The figures for 1952 were 95,664 and 423 and for 1951 89,265 and 568 respectively.

Dental

Table V (page 24) gives particulars of the work of the School Dentists and I am indebted to Mr. H. D. Hall, the Principal School Dentist, for the following report on the School Dental Service:—

“As regards staff, we were in the fortunate position of having a full complement for most of the year. Two Dental Officers, Mr. Hampton and Mr. Price, resigned but were quickly replaced by Mr. MacGregor and Miss Bell. Unfortunately an illness to Mr. Tomlyn robbed us of his services from September onwards. His area was covered by other members of the staff, so the children in his area were not at any disadvantage. Practically every school in the County area had a dental inspection which was followed by the holding of dental clinics for the treatment of all children whose parents consented.

A perusal of the statistics for the year, and a comparison with those of 1952 will show some interesting facts. Our consent rate dropped from 69% to 67%, but this is not to be surprised at when it is remembered that West Sussex is very well supplied with private dentists, most of whom, under present conditions, are now ready and anxious to obtain children as their patients, and all such children are treated free of any cost to the parents. About 1,000 fewer children were treated, but it is interesting to note that despite this there was an increase in the amount of conservative treatment given and a decrease in the number of extractions performed. This indicates that the gradual change in the character of treatment supplied is in the right direction, namely more conservation and less loss of teeth. Indeed the number of permanent teeth extracted over the whole area was as low as 978, and one-third of this number represents sound teeth extracted for the relief of overcrowding. The high standard of dental health shown by the children in our schools is indicated by the fact that only 55% of the children at the annual Dental Inspections were found to be in need of treatment.

At present our scheme comprises every branch of children's dentistry. Facilities now exist for extractions under gas at all our central Clinics, and orthodontic treatment is undertaken for all those children found to require it and whose parents are sufficiently interested to guarantee co-operation. 217 such cases were treated by means of removable appliances during the year. 66 partial dentures, usually consisting of one tooth, were fitted for children who suffered the loss of a front tooth usually from accidents.

It may be definitely stated that largely as a result of the periodic dental inspections which our school children receive, the standard of dental health in our schools is now high. As a result of these inspections the parents of approximately two-thirds of our children prefer

that their children shall receive treatment at the school clinics, and the remaining one-third seek treatment from private practitioners under the General Dental Service. Only a small proportion of the children do not receive treatment at all owing to the obstinacy and ignorance of their parents. Although the standard of dental health amongst our children has never been higher, the members of the dental staff will not feel satisfied until that small minority of refusals are brought into the fold, and until the interval between dental inspections, now maintained at about twelve months, is drastically reduced.

It may be asserted that the present satisfactory state of the children's teeth is due to the changed attitude of parents towards dental treatment. In my early days of school dentistry, 30 years ago, the common attitude was one of opposition and resentment. Nowadays it is one of keenness, interest and co-operation. This change has been slow and gradual, and is the result of the untiring efforts of all people concerned, which includes not only the Dental Officers, but the Teachers, Medical Officers, Nurses and others. To foster this changed attitude it is our policy in West Sussex to invite the parents of every new entrant in our schools to meet the Dental Officer on the occasion of the child's first dental inspection. A talk is given to the parents explaining the importance of the subject, and pointing out the facilities to which the child will be entitled throughout school life. Questions are invited and answered, and a friendly and cordial relationship is thus built up.

The policy of gradual improvement in the facilities for dental treatment, both by adding to the equipment and the provision of well planned medical rooms in our new schools has been much appreciated by the dental staff."

TABLE I — 1953

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS**

1st January, 1953 to 31st December, 1953

(a) Periodic Medical Inspections

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	...	...	5377
Second Age Group	...	...	...	...	...	3653
Third Age Group	...	...	...	...	...	2323
TOTAL						11353
Number of other Periodic Inspections					...	3037
GRAND TOTAL					...	14390

(b) Other Inspections

Number of Special Inspections	...	...	...	3541
Number of Re-Inspections	...	...	...	14723
TOTAL				18264

(c) Pupils found to Require Treatment

Number of Individual Pupils found at Periodical
Medical Inspections to require treatment
(excluding Dental Diseases and Infestation
with Vermin)

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	55	368	415
Second Age Group ...	220	179	383
Third Age Group ...	195	107	294
Total (Prescribed Groups)	470	654	1092
Other Periodic Inspections	119	145	260
GRAND TOTAL ...	589	799	1352

TABLE II

**(a) RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1953**

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	42	140	118	8
5	Eyes: <i>a.</i> Vision	589	544	262	46
	<i>b.</i> Squint	72	159	13	19
	<i>c.</i> Other	25	62	77	17
6	Ears: <i>a.</i> Hearing	20	72	15	22
	<i>b.</i> Otitis Media	9	66	25	2
	<i>c.</i> Other	18	61	42	16
7	Nose or Throat	187	1261	115	62
8	Speech	26	224	51	25
9	Cervical Glands	4	1012	7	46
10	Heart and Circulation	10	205	5	23
11	Lungs	23	276	26	24
12	Developmental:				
	<i>a.</i> Hernia	6	14	—	1
	<i>b.</i> Other	4	95	—	2
13	Orthopaedic:				
	<i>a.</i> Posture	95	241	14	21
	<i>b.</i> Flat Foot	61	153	34	10
	<i>c.</i> Other	87	512	59	33
14	Nervous System:				
	<i>a.</i> Epilepsy	3	18	1	3
	<i>b.</i> Other	—	29	1	3
15	Psychological:				
	<i>a.</i> Development	7	90	7	7
	<i>b.</i> Stability	7	146	20	10
16	Other	105	188	499	66

**(b) CLASSIFICATION OF THE GENERAL CONDITION OF
PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS**

Age Groups	No. of pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	5377	2408	44.78	2877	53.50	92	1.72
Second Age Group	3653	1611	44.10	1983	54.28	59	1.62
Third Age Group	2323	1226	52.78	1071	46.10	26	1.12
Other Periodic Inspections	3037	1410	46.43	1569	51.66	58	1.91
TOTAL ...	14390	6655	46.25	7500	52.12	235	1.63

TABLE III
INFESTATION WITH VERMIN

(i)	Total number of examinations in the Schools by the School Nurses or other authorised persons	91900
(ii)	Total number of <i>individual</i> children found to be infested	355
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	1
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	—

TABLE IV

**TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS**

Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

Group 1. Diseases of the Skin (excluding uncleanness for which see Table III)

	Number of Cases Treated or under Treatment during the year	
	By the Authority	Otherwise
Ringworm: (1) Scalp	—	—
(2) Body	8	—
Scabies	2	—
Impetigo	67	4
Other Skin Diseases	458	20
TOTAL	535	24

Group 2. Eye Diseases, Defective Vision and Squint

	Number of Cases Dealt With	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	430	11
Errors of refraction (including squint)	655	1669
TOTAL	1085	1680
Number of pupils for whom spectacles were:—		
(a) Prescribed	528	1018
(b) Obtained	493	925

Group 3. Diseases and Defects of Ear, Nose and Throat

	Number of Cases Treated	
	By the Authority	Otherwise
Received Operative Treatment:—		
(a) For diseases of the ear	—	3
(b) For adenoids and chronic tonsilitis ...	—	130
(c) for other nose and throat conditions ...	—	12
Received other forms of Treatment	281	58
TOTAL	281	203

Group 4. Orthopaedic and Postural Defects

(a) Number treated as in-patients in hospital ...	32*	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments	—	558

*Includes six cases re-admitted during the year.

Group 5. Child Guidance Treatment

	Number of Cases Treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of Pupils treated at Child Guidance Clinics	136	3

Group 6. Speech Therapy

	Number of Cases Treated	
	By the Authority	Otherwise
Number of Pupils treated by Speech Therapist	102	—

Group 7. Other Treatment Given

	Number of Cases Treated	
	By the Authority	Otherwise
(a) Miscellaneous Minor Ailments	2261	51
(b) Other:		
1. Orthoptic	—	415
2. Displacement Treatment for chronic nasal catarrhal conditions ...	21	—
TOTAL	2282	466

TABLE V

**DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY**

(1) Number of pupils inspected by the Authority's Dental Officers:—					
(a) Periodic age groups	...	...	...	...	33396
(b) Specials	...	...	...	...	1330
TOTAL (1)	...	...	...	...	34726
(2) Number found to require treatment	...	...	...	...	18226
(3) Number referred for treatment	...	...	...	...	18226
(4) Number actually treated	...	...	...	...	11776
(5) Attendances made by pupils for treatment	...	...	...	...	24657
(6) Half-days devoted to: Inspection	...	...	...	...	305
Treatment	...	...	...	...	3545½
TOTAL (6)	...	...	...	...	3850½
(7) Fillings: Permanent Teeth	...	...	...	...	15238
Temporary Teeth	...	...	...	...	4987
TOTAL (7)	...	...	...	...	20225
(8) Number of teeth filled: Permanent Teeth	...	...	...	...	13504
Temporary Teeth	...	...	...	...	4717
TOTAL (8)	...	...	...	...	18221
(9) Extractions: Permanent Teeth	...	...	...	...	1272
Temporary Teeth	...	...	...	...	10460
TOTAL (9)	...	...	...	...	11732
(10) Administration of general anaesthetics for extraction	...	...	...	...	1181
(11) Other operations: Permanent Teeth	...	...	...	...	2851
Temporary Teeth	...	...	...	...	1175
TOTAL (11)	...	...	...	...	4026

REPORT OF THE ORGANISERS OF PHYSICAL EDUCATION

Staffing

At the end of this year Miss M. J. Croucher left the service of the Authority, which she has served with considerable success for 17 years, to go to New Zealand to be married. Her successor was appointed before the end of the year and took up her duties in 1954.

With the expansion of the number of colleges training teachers in Physical Education, a much wider selection of specialists is possible and in the boys' schools there is now a representative from each of the Colleges of Physical Education as well as a trained graduate from the University of Birmingham. The possibility of appointing trained semi-specialists to Primary Schools is being considered so that the work in the new Junior Schools, where there is up-to-date equipment both indoors and outdoors, may be taken to an even higher level, particularly in vaulting and agility.

Equipment

Liaison with the Architect's Department has been closely maintained, particularly in the fitting of fixed apparatus in both Primary and Secondary schools. In the new Primary schools tubular steel agility apparatus is provided and fixed in the playgrounds, and provision is also being made for the future fitting of climbing ropes, rope ladders and trapezes in junior school halls. In the new Secondary schools a variety of plans for fixed gymnastic apparatus is being used, the new movable wall bars and the Cave Southampton gymnastic units being included in these schools. In addition to this adaptation of the orthodox layout, experiments are also being made with planks to replace benches and with portable ladders for heaving and agility work. A similar type of work is being tried with ladders and planks in Primary schools where they are used in conjunction with fixed and portable tubular steel apparatus. During the past year, it has been the policy to provide as many Primary schools as possible with a unit of apparatus which has now been defined, consisting of a pair of ladder stands, a ladder and plank. These are of considerable value in both junior and infants' schools, training children in body control and initiative, and developing a considerable degree of self-confidence. Some teachers claim that this self-confidence is reflected in the work done in the classroom.

Courses

In the New Year a successful residential week-end Course was held at the Training College, Bognor Regis, in the methods of Group Coaching in cricket as advocated by the M.C.C. The Coach was Mr. H. P. Crabtree, Coaching Adviser to the M.C.C., and subsequently five teachers from West Sussex took an examination at the County Ground, Hove, for the Youth Coaching Certificate and all were successful. It is hoped at a later stage that some of these may be accepted by the M.C.C. for the Advanced Coaching Certificate which at present is limited in the main to County players.

Mr. G. Dyson, Senior Coach to the Amateur Athletic Association, gave a lecture entitled "Athletes in Action" in the hall of the Junior and Infants' schools at Westloats Lane, Bognor Regis, on November 10th. This lecture, which was attended by children from almost every Secondary school in the County, was illustrated by film loops, which gave valuable point to the lecture. A day course in hockey coaching was taken by Miss Margery Cadel, coach of the Women's Hockey Association, at the Girls' High School, Chichester, on November 11th and subsequently a very successful hockey rally was held on 20th November at the Secondary Modern School, Lancing, organised by the girls' schools in West Sussex. A canoe Conference to deal with the construction and use of canoes, arranged for the end of November in Worthing, had to be abandoned because of lack of support, but a further attempt will be made to arrange a meeting at a more appropriate time. The Women's Amateur Athletic Association ran a coaching course at Bishop Otter Training College, Chichester, on October 3rd, and this was attended by a number of teachers from West Sussex. The Cricket coaching programme planned to follow the New Year Course at Bognor Regis had to be curtailed, but one course will be held early in 1954 in Worthing when a professional coach from the County Club will be assisted by one of the five qualified teachers. Together they will demonstrate and teach Group Coaching methods in cricket, which it is hoped will prove successful in the Junior Schools and thereby improve the quality of the cricket played by the majority of the boys in the Secondary Modern schools. Further Courses in other areas of the County are planned for the next financial year and it is hoped to arrange other suitable Courses.

A Course in Remedials which will enable teachers to deal confidently with the minor orthopaedic defects referred to them, is planned for 1955 in co-operation with the Principal School Medical Officer and the County Organiser of Music.

Now that copies of the Ministry of Education publication, "Planning the Programme" are available, teachers' Courses will be held to ensure that those who missed classes run by the Organisers in 1951 and 1952 will be able to bring themselves in line with the general advance in the County. The first step will be to show the film "See how they Move", which has been produced by the Ministry of Education to illustrate this new publication.

Facilities

With the co-operation of the County Architect's Department the difficult problem of surfacing playgrounds seems to have been satisfactorily resolved by the use of an open texture bituminous surface. This provides a good foot-hold for games and physical education, is not slippery and does not become gritty. Most important, it drains and dries quickly and is therefore available for use in a very short time after rain. Mention has already been made of the use of new ideas in the provision of gymnastic equipment in both Secondary and Primary schools and this, together with the supply of outdoor agility apparatus, gives a much wider scope to the teaching of Physical Education. The need for adequate playing field accommodation has become more urgent

with the organisation of the Secondary Modern schools and with the ‘rapid increase in public appreciation of the part which games can play not only in promoting health and physical well-being but also in moulding the character and developing team spirit among boys and girls’. This need has to be balanced with the needs of agriculture in a largely rural County, but the use of asphalt areas for netball and hard tennis courts, and the use of all-weather cricket wickets, together with the careful siting of pitches all help to the solution of this difficult problem. This question of playing field area is given early consideration in the planning of new schools and is borne in mind throughout the development of each new site. The Mobile Unit plays a very great part in the maintenance and care of the playing fields, but it would seem that a Groundsman is a necessity at schools where cricket wickets, grass tennis courts and hockey pitches need careful preparation before playing. Only with well prepared grounds can a high standard of play be expected, and well prepared grounds only come through regular, intelligent and skilled care.

Sports Associations

The Schools Sports Associations again had a full programme; the Rural Schools Association, besides organising its Athletic Meeting, had a successful Country Dance rally and a Rounders rally. The Girls’ Association with its rounders, hockey and netball rallies, together with a well organised Athletics Meeting gave the girls of secondary age a full opportunity to compete in all kinds of sports. The Boys’ Association, through its Sub-Committees, ran a full programme of Association Football, cricket, swimming, boxing and athletics and provided several representatives in County and National teams.

County and National Associations

Close liaison has been maintained with the following:—

- The Sussex Branch of the English Folk Dance and Song Society
- The Sussex County Netball Association
- The Sussex County Playing Fields Association.
- The Sussex County Amateur Athletic Association.
- The Sussex County Amateur Boxing Association.
- The Sussex Youth Cricket Council.
- The Sussex Women’s Amateur Athletic Association.

Contacts with these bodies can be of extreme value and much useful information is gathered and passed on to teachers which might not normally reach them.

Conclusion

The year has not been marked with any spectacular advance or feature, but steady progress has been made towards a modern conception and interpretation of Physical Education. A considerable body of Teachers and Head Teachers are of the opinion that the children are becoming more responsible and more confident, and to this the

newer type of Physical Education makes a large contribution. The children certainly enjoy the work no less than before, and the resource and initiative which are stimulated by the provision of tubular steel apparatus and improvised apparatus of various kinds comes through into normal school work. In general, teachers in the County are maintaining a considered balance between what is good in the new and what is good in the old, and there is no doubt that the steady advance which has taken place will continue along effective modern lines.

M. J. CROUCHER

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